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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

| | |
|------------------------|---------------------|
| Application Number | 10/001,620 |
| Filing Date | October 23, 2001 |
| First Named Inventor | David A. Poindexter |
| Art Unit | 3652 |
| Examiner Name | Thomas Brahan |
| Attorney Docket Number | 969.001 |

**To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450**

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☐ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

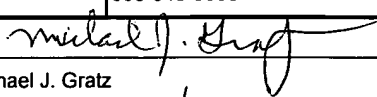
The reasons for this request are: See Attached

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:

☐ The address associated with Customer Number:

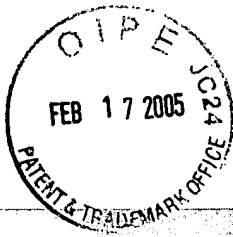
OR

| | | | | | |
|---|-------------------------|---------------------------------------|-------|------------------|--------------|
| <input checked="" type="checkbox"/> | Firm or Individual Name | Howard Hanson Robotic Lift Systems | | | |
| Address | | PO Box 85 | | | |
| City | | Sauk City | State | WI | Zip 53583 |
| Country | | USA | | | |
| Telephone | | 608-643-5000 | | Fax | 608-643-5001 |
| Signature  | | | | | |
| Name | | Michael J. Gratz | | Registration No. | 39,693 |
| Date | | 2/14/05 | | Telephone No. | 414-225-9755 |

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.


This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO, to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Certificate Of Mailing Under 37 CFR 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313 on the date indicated below.


Lynda S. Hargreaves

2-14-05

Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Poindexter et al.

Art Unit: 3652

Serial No.: 10/001,620

Examiner: Thomas Brahan

Filing Date: October 23, 2001

Confirmation No.: 1157

Title: DUMPING AND TRANSPORTING ACCESSORY HAVING A TELESCOPING LIFT
WITH A PIVOT MOUNTED TROLLEY

REQUEST TO WITHDRAW AS ATTORNEY OR AGENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Dear Sir:

The undersigned, on behalf of himself and all other attorneys of record, hereby applies to withdraw as attorney or agent for the above-identified patent. The undersigned makes this request because the Assignee has repeatedly failed to timely respond to our requests for further instruction in this and other matters despite repeated requests to do so. This failure has also forced the undersigned to incur substantial expenses in connection with this application and other matters handled on Assignee's behalf. The undersigned attorney simply cannot afford to represent Assignee without open dialog, further instruction, and without reimbursement.

Upon approval of this request, please forward all future correspondences to the Applicant
at the following address:

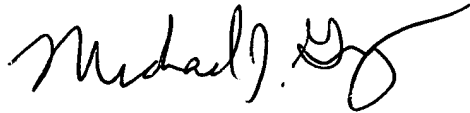
Mr. Howard Hanson
Robotic Lift Systems
P.O. Box 85
Sauk City, WI 53583

Approval of this request therefore is believed to be in order and is respectfully requested.

Dated: _____

2/14/04

Respectfully submitted,



Michael J. Gratz
Reg. No. 39,693
Attorney for Applicant

Boyle Fredrickson Newholm Stein & Gratz, S.C.
250 Plaza, Suite 1030
250 East Wisconsin Avenue
Milwaukee, WI 53202
Telephone: (414) 225-9755
Facsimile: (414) 225-9753
e-mail: mjg@boylefred.com